

MEMBERS ALLOWANCE CLAIM FORM

For the Month of ~~MARCH~~ - AUGUST
~~A.P. Riba~~ 2014



Name LIZ EYRE

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2/5	Transact	WDC Room 28	Pershoe 5pm	B'way 5.30pm	14	
8/5	Council	Civic Centre	B'way 17.00	B'way 21.00	28	
11/6	WYCHAVON LOCAL CHILDREN'S TRUST	Civic Centre	B'way 15.30	Bway 18.00	28	
17/6	Joint meeting WDC Re J C Exec	Civic Centre	Broadway 16.00	Broadway 20.00	28	
24/6	Special Council Meeting Re C Exec	Civic Centre	B'way 18.00	Broadway 20.30	28	
1/7	Executive Board	Civic Centre	B'way 17.00	Broadway 19.30	28	
22/8	Appointment Panel	Civic Centre	B'way 9.00	Broadway 14.00	28	
					182	£

The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

4